

[Company Name]
[Claims Department Address]
[City, State, Zip Code]
[Phone Number]

[Date]

[Patient Name]
[Patient Address]
[City, State, Zip Code]

RE: Notice of Claim Receipt and Initial Processing

Claim Number: [Claim Number]
Date of Service: [Date of Service]
Provider: [Dentist/Clinic Name]

Dear [Patient Name],

We have received your dental insurance claim for the procedure(s) performed on the date mentioned above. This letter is to inform you that your claim is currently in the initial processing stage.

Our team is reviewing the submitted documentation to determine coverage benefits according to your specific dental plan. Please note that this letter is a notification of receipt only and is not a guarantee of payment or an authorization of services.

Next Steps:

- Standard processing typically takes [Number] business days.
- If additional information is required from your dental provider, we will contact them directly.
- Once the review is complete, you will receive an Explanation of Benefits (EOB) detailing the final determination and any patient responsibility amounts.

You may check the status of your claim at any time by logging into your member portal at [Website URL] or by calling our customer service department at [Phone Number].

Thank you for your patience.

Sincerely,

[Claims Processor Name/Department]
[Company Name]